

JEFFREY GRISSOM
DIRECTOR

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CHIEF LEGAL COUNSEL



County of San Diego

DEPARTMENT OF CHILD SUPPORT SERVICES

220 W. BROADWAY, 6TH FLOOR
SAN DIEGO, CA 92101
(619) 236-7600

Mailing Address:
PO Box 122031, San Diego, CA 92112

Payment Address:
STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO, CA 95798

REQUEST FOR REVIEW

Case Number:
SUP CT #:

Name: _____

Address: _____

Telephone: () - () - () -
HOME WORK MESSAGE

Reason: _____

Change in Circumstance:

- ☐ There has been a change in custody.
- ☐ The noncustodial parent has become employed.

Date: _____

Sign Here

Before we can proceed with a review of the order, you must complete and return this request and the enclosed forms.

Enclosure

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SOLICITUD PARA REVISION

Caso Número:

SC Número:

Nombre: _____

Dirección: _____

Teléfono: () - () - () -
HOGAR TRABAJO MENSAJE

Razón: _____

Cambio de Circunstancias:

- ☐ Se ha efectuado un cambio en la custodia.
- ☐ El padre-madre sin custodia tiene empleo.

Fecha: _____

Firme Aquí

Antes de que nosotros podamos proceder a la revisión de la orden, usted debe completar y regresar esta solicitud y las formas adjuntas.

Adjuntos

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 220 W. BROADWAY, ROOM 4005 MAILING ADDRESS: P.O. BOX 120128 CITY AND ZIP CODE: SAN DIEGO, CA 92112-4104 BRANCH NAME: CENTRAL COURT	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER SUP CT #: DCSS #:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months here (black out social security numbers).

a. Employer:

b. Employer's address:

c. Employer's phone number:

d. Occupation:

e. Date job started:

f. If unemployed, date job ended:

g. I work about _____ hours per week.

h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1-Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ ☐ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ ☐ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
 ☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
 ☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ Other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11 inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER
RESPONDENT/DEFENDANT:	SUP CT #:
OTHER PARENT/CLAIMANT:	DCSS #:

Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional Income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions**

	Last month
a. Required union dues	\$ _____
b. Required retirement payments (not social security, FICA, 401(k) or IRA)	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____
d. Child support that I pay for children from other relationships	\$ _____
e. Spousal support that I pay by court order from a different marriage	\$ _____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____
b. Stocks, bonds, and other assets I could easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER SUP CT #: DCSS #:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|--|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance
(if not included above). \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance ... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash). \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) .. \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER SUP CT #: DCSS #:
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CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (*specify number*): ___ children under the age of 18 with the other parent in this case.
- b. The children spend ___ percent of their time with me and ___ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for **children's** health insurance is or would be (*specify*): \$
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- | | | |
|--|----|-------|
| a. Child care so I can work or get job training | \$ | _____ |
| b. Children's health care not covered by insurance | \$ | _____ |
| c. Travel expenses for visitation | \$ | _____ |
| d. Children's educational or other special needs (<i>specify below</i>): | \$ | _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders.)

Amount per month

For how many months?

- | | | | |
|---|----|-------|-------|
| a. Extraordinary health expenses not included in 19b. | \$ | _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ | _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ | _____ | _____ |
| (2) Names and ages of those children (<i>specify</i>): | | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):

20. Other information I want the court to know concerning support in my case (*specify*):



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NOTICE TO ALL CUSTODIAL PARTIES AND NON-CUSTODIAL PARENTS

SUBJECT: OPERATION ENDURING FREEDOM – REVIEW AND ADJUSTMENT REQUESTS

THE SERVICEMEMBERS CIVIL RELIEF ACT - RESTRICTIONS ON INTEREST

This is to tell you about a federal law called the Servicemembers Civil Relief Act (SCRA). This Act offers certain benefits to a parent who has recently been called to active duty as a result of our War on Terrorism, the War in Iraq, or any other United States action that deploys servicemembers into active military duty.

- If your income has gone down since you were called to active military service, you may be able to have your current child support amount changed.
- You may also receive a lower interest rate charged on any past due child support you owed before you were called to active military service.

Changes to Child Support Orders

If you were called to active military service and you are a custodial party or non-custodial parent, your local child support agency (LCSA) must allow you to request a review of your current support order. The review process may result in an upward or downward change or no change. Once the review has been completed, both parents must receive a notice.

Lower Interest Rate On Past Due Support

As a parent called to military service, you may also ask for a lower interest rate on child support arrearages under the SCRA. The interest rate on unpaid child support is usually ten percent in California. However, as a servicemember you may request the LCSA to lower the interest rate from ten percent down to six percent charged on past due support that was owed before the date you entered into active duty military service.

Your request for a lower interest rate must be in writing and say that you are making this request because of the Servicemembers Civil Relief Act. You must also provide documentation of active duty status and provide the date when active duty began.

To request a change to your child support order or a lower interest rate on past due support as allowed in the Servicemembers Civil Relief Act, contact your local child support agency at:

**Department of Child Support Services
P.O. Box 122031
San Diego, California 92112-2031
(619) 236-7600**